



CONSENT FOR CARE & TREATMENT: Your Physical Therapist will complete an evaluation by examination and interview. Your individual treatment program will then be designed. A variety of treatment techniques may be used. I the undersigned do hereby agree and give my consent to **Mosaic Physical Therapy** to furnish physical therapy care and treatment considered necessary and proper in evaluating or treating my physical condition.

CANCELLATION & NO-SHOW POLICY: We require 24 business hours notice in the event of a cancellation. A Monday 10AM appointment would require cancellation by the previous Friday at 10AM to avoid incurring a cancellation fee. The charge for cancellation without proper notice is \$75 for physical therapy visits. This charge will not be covered by insurance, but will have to be paid by you personally prior to receiving additional treatment.

I have read and agree to the cancellation policy _____

PATIENT FINANCIAL POLICY: **Mosaic Physical Therapy** is a participating provider for Medicare and is an out of network provider for most PPO plans. Most PPO plans provide some out of network benefits. While you are ultimately responsible for understanding the benefits of your policy we are happy to assist you in contacting your insurance company for benefit verification. We recommend you contact the Member Services Department of your insurance if you have questions about what is covered and amounts for which you will be responsible.

Mosaic Physical Therapy offers a discounted fee for payment at the time of service. If you choose to take advantage of this discount, we will provide you with a superbill that you can submit to your insurance for re-imburement.

The discounted fee for service rates are:

Initial evaluation consult with Dr. Lori Rubenstein Fazzio, DPT, Director	\$225
Initial evaluation consult with Associates	\$200
Follow up visits with Dr. Lori Rubenstein Fazzio, DPT, Director	\$180
Follow up visits with Associates	\$160

MEDICARE:

We are participating providers of the Medicare program. We do not accept assignment on all claims. Patients are responsible for meeting their annual deductible and paying the 20% co-insurance. We do file with secondary/supplemental carriers.

AUTO: In some cases we will bill your auto insurance policy for your care and you will be responsible for any charges not covered by your policy. We do not accept liens.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred in this office.

Patient/Responsible Party Signature

Date